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CONFIRMATION NO. 6154

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|---|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/701,041 | FILING or 371(c) DATE 11/04/2003 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. 200.1133CON2 | |
| APPLICANTS Benjamin Oshlack, New York, NY; Curtis Wright, Norwalk, CT; J. David Haddox, Upper Stepney, CT; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/22/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JAMES HENRY ALSTRUM ACEVEDO/ Acknowledged Examiner's Signature | <input type="checkbox"/> Met after Allowance JHAA Initials | STATE OR COUNTRY NY | SHEETS DRAWINGS 3 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 2 |
| ADDRESS DAVIDSON, DAVIDSON & KAPPEL, LLC 14th Floor 485 Seventh Avenue New York, NY 10018 UNITED STATES | | | | | |
| TITLE Tamper-resistant oral opioid agonist formulations | | | | | |
| FILING FEE RECEIVED 1060 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |